

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 555716

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		8				
6		8		1		
7		8		1		
8		8		1		
9		8		1		
10		8		1		
11		8		1		
12		8		1		
13		8		1		
14		8		1		
15		8		1		
16		8		1		
17		8		1		
18		8		1		
19		8		1		
20		8		1		
21	1					
22		1				
23		2				
24		8				
25		8				
26		8				
27		8				
28		8				
29		8				
30		8				
31		8				
32		8		1		
33			1			
34			1			
35			1			
36			1			
37			1			
38			1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	←
TOTAL CLAIMS						